

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10748271

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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48		/				
49		/				
50	/					
TOTAL IND.	12		80		92	
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	/					
52		/				
53		/				
54	/					
55		/				
56	/					
57		/				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12		80		92	
TOTAL DEP.						
TOTAL CLAIMS						

21
71
92